

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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NAME OF FILER

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SKINNER

NANCY

CATHERINE

1. Office, Agency, or Court

Agency Name

CA STATE ASSEMBLY

Division, Board, Department, District, if applicable

Your Position

MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate: Election Year 2012 Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify that the information provided in this statement and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

Feb 29 2012
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name SKINNER, NANCY C.
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► NAME OF SOURCE
LA Philharmonic

ADDRESS (Business Address Acceptable)
151 S Grand Ave, Los Angeles 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
cultural & performing arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 29 / 11	\$ 108.00	Ticket*
/ /	\$	*Reimbursed 09/20/11
/ /	\$	

► NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st St, Suite 200, Sacramento 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 117.09	Caucus Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 S Figueroa St, Suite 4050, Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of CA State Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 10.00	Beverages
02 / 09 / 11	\$ 84.30	Jacket
07 / 29 / 11	\$ 51.33	Dinner

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SKINNER, NANCY C.

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Council of State Governments-WEST
ADDRESS (Business Address Acceptable)
1107 Ninth Street, Suite 730
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Provides policy forums for Western State Legislators
DATE(S): 09 / 11 / 11 - 09 / 16 / 11 AMT: \$ 2,324.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Tour Mexico City & meet with Mexican officials.

► NAME OF SOURCE
Livia Colantonio
ADDRESS (Business Address Acceptable)
Via Ortana Vecchia, 2f
CITY AND STATE
05035 San Liberato di Narni Terni, Italy
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Hospitality
DATE(S): 10 / 08 / 11 - 10 / 09 / 11 AMT: \$ 68.87
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
One night lodging during Italy trip.

► NAME OF SOURCE
il Pollenza
ADDRESS (Business Address Acceptable)
Via Casone 4 Tolentino
CITY AND STATE
62029 Macerata, Italy
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Transportation
DATE(S): 10 / 07 / 11 - 10 / 07 / 11 AMT: \$ 137.73
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Transportation during Italy trip.

► NAME OF SOURCE
Il Borro
ADDRESS (Business Address Acceptable)
Localita Borro 1 Frazione San Giustino Valderno
CITY AND STATE
52024 Arezzo, Italy
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Hospitality
DATE(S): 10 / 14 / 11 - 10 / 15 / 11 AMT: \$ 75.75
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
One night lodging during Italy trip.

Comments: _____